LANDMARK CASE

Rosie D. v. Romney

Reforming Children's Behavioral Health Services in Massachusetts

A federal class action that transformed how Massachusetts delivers mental health services to its most vulnerable children.

U.S. District Court, District of Massachusetts | 2001 – Present

Background

What led to the lawsuit?

Federal Mandate Ignored

The Medicaid Act's EPSDT provision requires states to provide medically necessary mental health services to children. Massachusetts was failing to meet this obligation.

Institutional Over-Reliance

Thousands of children with serious emotional disabilities were confined to costly residential facilities or institutions far longer than their conditions required.

No Home-Based Alternative

Community and home-based mental health services — less costly and clinically preferable — were virtually unavailable to Medicaid-eligible children in the state.

The Plaintiffs

“Rosie D. and the other named plaintiffs — like tens of thousands of children across Massachusetts — were suffering from serious emotional, behavioral, and psychiatric conditions.”

— Center for Public Representation

Who They Were

Class Lead

"Rosie D." — a pseudonymous lead plaintiff representing a class of tens of thousands of children.

9 Named Plaintiffs

Eight children ultimately proceeded to trial after one withdrew, each representing different diagnoses and family circumstances.

Class Definition

All Medicaid-eligible children in Massachusetts with psychiatric or emotional disabilities who would benefit from home-based services.

Legal Team

Represented by the Center for Public Representation, WilmerHale, and the Mental Health Legal Advisors Committee.

Case Timeline

From filing to compliance | 2001–2021

2001 — Lawsuit filed alleging Massachusetts failed to provide medically necessary behavioral health services to children covered by Medicaid (EPSDT).

2002 — Case certified as a statewide class action.

2005 — Six-week federal trial documents major gaps in children's behavioral health services.

2006 — Federal court rules Massachusetts violated Medicaid requirements by failing to provide adequate community-based behavioral health care.

2007 — Court approves a comprehensive remedial plan requiring statewide system reform.

2008–2009 — Massachusetts launches the Children's Behavioral Health Initiative (CBHI), including behavioral health screening, Mobile Crisis Intervention, Intensive Care Coordination, In-Home Therapy, Family Support, and other home- and community-based services.

2021 — Court determines Massachusetts has substantially complied with the remedial order after more than a decade of oversight.

The Ruling

January 26, 2006 — Judge Michael A. Ponsor

> *"The Commonwealth's efforts to comply with federal law have been woefully inadequate, with disastrous consequences to vulnerable children."*
>
> — U.S. District Court Judge Michael A. Ponsor

Key Findings

- Massachusetts violated EPSDT provisions of the federal Medicaid Act
- Children were denied medically necessary mental health treatment
- State failed to provide services promptly or at all
- Court ordered both sides to negotiate a comprehensive remedial plan

The Remedial Plan

Seven mandated home-based services — fully operational by December 2009

01 **Mental Health Screening**

Standardized screening at all Medicaid well-child visits using evidence-based tools.

02 **Mental Health Evaluation**

Comprehensive assessment using the CANS instrument for all referred children.

03 **Intensive Care Coordination**

Wraparound care planning through Community Service Agencies (CSAs).

04 **Family Partners**

Peer support from trained parents with lived experience navigating the system.

05 **Behavioral Support Services**

In-home behavioral interventions to reduce crisis episodes and hospitalization.

06 **Mobile Crisis Teams**

24/7 community-based crisis response as an alternative to emergency rooms.

07 **Therapeutic Mentoring**

One-on-one support to build skills and community integration for youth with SED.

Karen Snyder

Court Monitor
Rosie D. v. Romney

Appointed by the U.S. District Court in May 2007 following recommendations from both the Commonwealth and the plaintiffs.

Appointed: Spring 2007

Role of the Court Monitor

📋 Oversee Implementation

Monitored the Commonwealth's rollout of all seven mandated home-based services against the Remedial Plan's timetables.

🤝 Mediate Disputes

Served as a neutral arbiter between plaintiffs and defendants on contested implementation questions, reducing litigation burden on the court.

✅ Determine Compliance

Issued findings on whether the state had achieved the court's standards — the ultimate gatekeeper for closing the case.

🔬 Technical Resource

Made national experts in remedial services available to both parties during system design, facilitating evidence-based decisions.

👨‍👩‍👧 Community Engagement

Met regularly with parents, family organizations, and providers to ensure ground-level accountability.

Impact & Outcomes

Measurable improvements in screening, access, and system design

14%

Mental health screening rate at well-child visits — Q1 2008

58%

Screening rate achieved by Q4 2009 — a 4× increase

7

New home-based services created and mandated statewide

Broader System Transformation

- Massachusetts created the Children's Behavioral Health Initiative (CBHI), a new infrastructure of community services
- New Community Service Agencies (CSAs) and Emergency Service Providers selected statewide
- State Plan Amendments approved by CMS for Intensive Care Coordination and EPSDT services
- Standardized evidence-based screening tools adopted by primary care clinicians across MassHealth
- Federal court's ongoing jurisdiction via Court Monitor ensured sustained accountability

National Significance

Why Rosie D. matters beyond Massachusetts

EPSDT Enforcement Blueprint

Established a model for how federal EPSDT obligations can be enforced through litigation when states fail to act — a template for advocates in other states.

Role of Court Monitoring

Karen Snyder's tenure showed that effective court monitors can bridge legal accountability and technical systems change — a model for other consent decrees.

Home- & Community-Based Care

Demonstrated that a full continuum of home-based services is operationally feasible at scale, countering the assumption that institutional care is unavoidable.

Mental Health Screening Norms

Massachusetts' rapid scaling of standardized screening at well-child visits influenced national quality guidelines and other states' Medicaid programs.

Medicaid System Design

CMS approval of State Plan Amendments created replicable mechanisms for covering wraparound services, care coordination, and peer support under Medicaid.

Children's Rights Precedent

The First Circuit's 2002 affirmation that children have enforceable Medicaid rights to medically necessary treatment strengthened federal advocacy nationwide.

Key Takeaways

1. Federal Medicaid law (EPSDT) is an enforceable right — not just a policy aspiration — for children needing mental health services.

2. Community-based care works at scale when properly resourced, designed, and monitored.

3. Sustained court oversight through an independent monitor was essential to converting a ruling into lasting system change.